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MARGIN RESERVED FOR BINDING  
NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 21

1. PLACE OF BIRTH	
County <u>Gila</u>	State <u>Arizona</u>
District or Township <u>Roosevelt</u>	or Village _____
City _____	No. _____ St. _____ Ward _____
2. Full name of child <u>Marcella Stonebold</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number) (If child is not yet named, make supplemental report, as directed.)	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.
4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>Yes</u>	7. Date of birth <u>Sept 24, 1906</u> Month Day Year
8. FATHER Full Name <u>George Archie Stonebold</u>	
9. Residence (Usual place of abode) <u>Roosevelt Dam</u> If non-resident, give place and state.	
10. Color or race <u>White</u>	11. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>St. Paul</u> (State or country) <u>Minnesota</u>	
13. Occupation <u>U. S. Reclamation Service</u> Name of Industry _____	
14. MOTHER Full maiden name <u>Selma Eugenia Johnson</u>	
15. Residence (Usual place of bode) <u>Roosevelt Dam</u> If non-resident, give place and state.	
16. Color or race <u>White</u>	17. Age at last birthday <u>28</u> (Years)
18. Birthplace (city or place) <u>Upsala</u> State or country <u>Sweden</u>	
19. Occupation _____ Nature of Industry <u>Natural</u>	
20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <input checked="" type="checkbox"/> (b) Born alive but now dead _____ (c) Stillborn _____	
21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.  
(Born alive or stillborn)  
Signature J. E. Wighlin M.D.  
(Physician or midwife)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address \_\_\_\_\_  
Registrar. Filed 3/8, 1937 J. E. Wighlin M.D. Registrar.